

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 29556.1692															
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____		In re Application of: <b>Federoff et al.</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number: <b>10/578,561</b></td> <td style="padding: 2px;">Filed: <b>March 1, 2007</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">For: <b>COMPOSITIONS AND METHODS OF TREATING NEUROLOGICAL DISEASES</b></td> </tr> <tr> <td style="padding: 2px;">Group Art Unit: <b>1633</b></td> <td style="padding: 2px;">Examiner: <b>Robert M. Kelly</b></td> </tr> </table>		Application Number: <b>10/578,561</b>	Filed: <b>March 1, 2007</b>	For: <b>COMPOSITIONS AND METHODS OF TREATING NEUROLOGICAL DISEASES</b>		Group Art Unit: <b>1633</b>	Examiner: <b>Robert M. Kelly</b>								
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="text-align: right;">\$ <u>555</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>505409</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>59,603</u>.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center;">         _____          /Carissa R. Childs/          Signature       </td> <td style="width: 50%; text-align: center;">         _____          August 23, 2011          Date       </td> </tr> <tr> <td style="width: 50%; text-align: center;">         _____          Carissa R. Childs          Typed or printed name       </td> <td style="width: 50%; text-align: center;">         _____          (585) 270-2134          Telephone Number       </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ <u>555</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____	_____ /Carissa R. Childs/ Signature	_____ August 23, 2011 Date	_____ Carissa R. Childs Typed or printed name	_____ (585) 270-2134 Telephone Number
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<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.																	

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